

1969 Central Avenue Phone (219) 962-3111 Lake Station, IN 46405 Fax (219) 963-9275 **Brenda Samuels, Clerk Treasurer**

Application for Animal License

Date:				
Animal Owner:				
Address:				
Phone:	Fax:			
Name of Pet:		Breed:		
Color:	Sex	Spayed/Neutered:	Yes	No
Fee for Spaded/Neutered:	\$5 Fee for I	Non-Spayed/Neutered:	\$10	
Distinguishing Marks:				
Tag Number: Rab			es Tag #:	
I CERTIFY THAT MY ANIMA	AL HAS HAD I	TS RABIES SHOTS AS	REQUIRED	BY LAW:
Signature of Owner:		Date:		_
To receive an animal license, v				

Per Ordinance No. 2008-11: Section 1.24 (B)

Before a license is issued the applicant must show proof that the animal being licensed is up to date on all vaccinations and proof that the animal is covered for a minimum One Hundred Thousand Dollars (\$100,000) for any injury, damage or loss caused by the animal on their homeowners or renters insurance.